

## How To Substantiate

Substantiation of a card purchase means to supply a receipt(s) that clearly shows an eligible item(s) or service(s) was purchased using the FSA Card. For each card purchase that you have been asked to substantiate, please:

1. Complete a Substantiation Form
2. Attach itemized receipt(s)
3. Send us the Form and the receipt(s)



The Substantiation Form must be completed entirely and signed. The receipt(s) must state the vendor name, vendor contact information, purchase date, a description of the expense(s) and the expense amount. A credit card receipt is not adequate documentation. Credit card receipts often do not list the individual items purchased along with a description of the item. This is why you must save your purchase receipts when using the card.

If you purchased an ineligible item or service or if you have lost your receipt, then please read "[Ineligible Expenses & Lost Receipts](#)" on page 2 of these instructions.

Retain photocopies of everything you submit, complete one Substantiation Form per purchase and send these documents to ADP. Please fax (fastest process) OR mail the documents (keep a copy) but please **DO NOT DO BOTH**.

**Fax: 866-392-4090 (toll-free) or 678-762-5900.**

Place the documents in this order: Substantiation Form first, then the receipt(s).  
Please do not return the instruction pages with your Form and receipts.

OR

**Mail:** ADP FSA Card Substantiation, P.O. Box 1853, Alpharetta, GA 30023-1853.

### Good Receipt

**Rx Pharmacy** 01-25-2005  
(999) 999-9999 CUSTOMER RECEIPT  
33945 0034233 3322  
Customer: **SARA SAMPLE**  
**VIGAMOX 0.5% EYE DROPS**  
Instill one drop 4 times per day Pay: \$ 22.54  
Rx Pharmacy, Inc. 123 Somewhere St., Anywhere, CT 99999

### Receipt Missing Information

**ABC EYE ASSOCIATES**  
123 MAPLE ST.  
SOMEWHERE, CT 99999  
DATE: 01-25-2005 TIME: 08:15AM  
ITEM: 0034 VIS SALE  
ACCT: XXXXXXXXXX30  
AUTH: 9999  
**TOTAL: \$ 54.34**  
I AGREE TO PAY ABOVE AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
X\_\_\_\_\_

no description of  
items purchased

## Why Substantiate

The IRS has provided strict requirements stating that purchases be substantiated using itemized receipts when they cannot be otherwise substantiated per the regulations. Use of an FSA Card does not remove or reduce the requirements for proof of eligibility under IRS regulations. Many purchases will still need to be substantiated with detailed receipts or Explanation of Benefits (EOB). For this reason, you must always save your purchase receipts for items and services purchased with your FSA Card.

Login to [www.flexdirect.adp.com/mifsa](http://www.flexdirect.adp.com/mifsa) and visit the Learning Center tab to learn more about using your FSA card.

## Tips For Using Your Card

- ▶ Save Your Receipts
- ▶ Monitor Your Account Balance
- ▶ Select "Credit" When Using The Card
- ▶ Provide Your Email Address In The Secure FSA Website
- ▶ Don't Use Your Card To Pay For The Previous Plan Year's Expenses
- ▶ Purchase Only Eligible Items With The Card
- ▶ Provide Your HOME Zip Code To The Merchant If Asked To Support Card Purchase Approval

## Ineligible Expenses & Lost Receipts

If you have made an ineligible purchase or lost your receipt, please send in a Substantiation Form along with your receipt(s), if available. We need this information to verify the ineligible expense or portion of the expense that is ineligible. Using the appropriate check box, indicate that the entire purchase is ineligible, a portion of the expense is ineligible or you have no receipt for the purchase. If only a portion of the expense is ineligible, indicate the total amount of the ineligible items. This will create an overpayment on your account. You must repay the ineligible expense by submitting paper claims for other eligible expenses. Do not submitted claims for purchases made with your card. We will apply the new claims against the amount of the ineligible expense until the overpayment amount is exhausted.

The collection of documents you submit should include:

- *Substantiation Form* – completed and signed, indicating the purchase is ineligible, partially ineligible or no receipt is available
- Detailed receipt(s), if available, documenting all items in a purchase and the individual amounts

To submit paper claims and resolve an overpayment, please follow the instructions in How to Prepare Your Claim Form with the Health Care Claim Form. Claim Forms, with instructions, can be found under the *Tools & Forms* page of our website at [www.flexdirect.adp.com/mifsa](http://www.flexdirect.adp.com/mifsa).

Note: Overpayments will cause the display of an "Account Alert" on your *Accounts At A Glance* page when you have logged into the secure web site. **Until overpayments are removed from your account, your card will remain temporarily deactivated.**

## Minimize Receipt Submission

Card transactions will be automatically substantiated more often when the card is used at businesses that primarily or exclusively provide eligible healthcare services or sell only eligible items. Some merchants have implemented special processes to make using the FSA Card easier for you. By making your eligible purchases at these vendors, you will be asked to submit fewer receipts to prove the eligibility of the your purchases. However, you should still retain your itemized purchase receipts from these vendors in case you are asked to provide them later. You should expect the FSA Card to be accepted at an increasing number of locations as merchants adjust their credit card processing practices and implement new technologies. For a current list of merchants utilizing this technology or to review Frequently Asked Questions about the FSA Card, please visit the ADP website at [www.flexdirect.adp.com/mifsa](http://www.flexdirect.adp.com/mifsa).

# Preparing Your FSA Card Substantiation Form



## Please do not return the instructions pages with your Substantiation Form.

The Substantiation Form is designed so that you may complete the form on your computer by tabbing through the designated fields and typing the required information. If you do not have access to a computer, please use black or blue ink to complete the form. Please print clearly and only in the paces provided. This form will be processed electronically.

**Step 1: Complete all Employee Information completely.** When completing the employee information, you should:

- 1 Provide your Employee ID. Remember to use leading zeros ("0") before your Employee ID to meet the required 10 digits.
- 2 Provide your name as it appears on your paycheck. Please print your name in ALL CAPITAL letters.
- 3 Include your complete mailing address.
- 4 Include your email address to receive electronic notifications.
- 5 Include a daytime phone number where you can be reached.

Employee ID 1

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 7 | 9 | 6 | 9 | 5 | 9 |
|---|---|---|---|---|---|---|---|---|---|

Instructions: Please use blue or black ink and print like this →

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|

### Employee Information (PLEASE PRINT)

Name **SARA SAMPLE** 2  
(Please print name in ALL CAPITAL letters)

Employer Name **State of Michigan**

Address **1234 Main Street** 3

Email Address **ssample@abcco.com** 4  
(By providing your email address, you will receive electronic notifications)

City **Anytown** 3 State **US** 3 Zip **12345** 3 Daytime Phone # **555-222-1234** 5

**Step 2: Complete the Purchase Information.** Be sure to include only one purchase on the Substantiation Form. You should complete a separate form for each purchase that requires substantiation.

- 1 Provide the purchase date. This should match the date on your receipt or Explanation of Benefits (EOB).
- 2 Provide the total amount of the purchase.
- 3 Provide the name of the merchant or service provider. This should match the name on your receipt or EOB.

*If applicable:*

- 4 Indicate that the purchase is for or contains ineligible items.
- 5 Indicate the total amount of the ineligible items in the purchase.
- 6 Indicate that you cannot provide a receipt for the purchase.

### Purchase Information

Purchase Date: **05/21/02** 1 Amount: \$ **123.42** 2 Merchant Name: **Northside Radiology** 3

4 ☐ This ENTIRE Purchase Is Ineligible 6 ☐ I DO NOT Have A Receipt For This Purchase

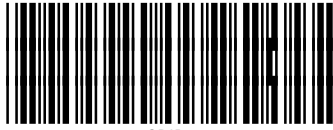
4 ☐ This Purchase INCLUDES Ineligible Items Total Amount of INELIGIBLE Items In This Purchase: \$ 5

**Step 3: Sign and date your Substantiation Form.** Substantiation Forms received without an authorizing signature cannot be processed.

### Certification

I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me or by my eligible dependents. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I understand that where an expense is determined to be ineligible, I am responsible for reimbursing the plan for any such expense. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of the expenses are attached.

Signature Sara Sample Date 05/31/02



SBID-02

## FSA Card Expense Substantiation Form

*This document and any attachments are intended solely for the use of the sender and ADP and may contain information that is privileged and confidential. If you are not the intended recipient or its authorized representative, you are hereby notified that dissemination of this information is strictly prohibited. If you received this information in error, notify the sender immediately and destroy this document and all supporting attachments.*

USE THIS FORM **ONLY** IF YOUR FSA CARD WAS USED TO PAY FOR THIS EXPENSE **AND** YOU RECEIVED A REQUEST FOR SUBSTANTIATION  
**Tips to Remember**

1. Sign your Substantiation Form.
2. Fax your Substantiation Form without a cover page, followed by a copy of all supporting documentation including itemized receipts, bill or statements, physician's statement (if required) and/or Explanation of Benefits (EOB).
3. Do not include the instructions pages with your submission.

**REMEMBER! You must use use leading zeros ("0") before your Employee ID to meet the required 10 digits. (EXAMPLE: 0000654321)**

Employee ID

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Instructions: Please use blue or black ink and print like this



|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|

### Employee Information (PLEASE PRINT)

|   |       |  |                 |
|---|-------|--|-----------------|
| Name<br><small>(Please print name in ALL CAPITAL letters)</small> |       | Employer Name <b>State of Michigan</b>   |                 |
| Address   |       | Email Address<br><small>(By providing your email address, you will receive electronic notifications)</small> |                 |
| City  | State | Zip  | Daytime Phone # |

### Purchase Information

|  |  |                |
|--|--|----------------|
| Purchase Date:                                 | Amount: \$   | Merchant Name: |
| This <i>ENTIRE</i> Purchase Is Ineligible      | I <i>DO NOT</i> Have A Receipt For This Purchase             |                |
| This Purchase <i>INCLUDES</i> Ineligible Items | Total Amount of <i>INELIGIBLE</i> Items In This Purchase: \$ |                |

**Submit: Fax to 1-866-392-4090 or 678-762-5900**

Or Mail to ADP FSA Card Substantiation, P.O. Box 1853, Alpharetta, GA 30023-1853

**Questions and Information: visit [www.flexdirect.adp.com/mifsa](http://www.flexdirect.adp.com/mifsa)**

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I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me or by my eligible dependents. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I understand that where an expense is determined to be ineligible, I am responsible for reimbursing the plan for any such expense. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of the expenses are attached.

Signature \_\_\_\_\_

Date \_\_\_\_\_